

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1; subject to a penalty fee of \$25.00.	501(e), éach corporation fail	ling or refusing to file its anni	ial report within thirty (30) days afti	er the time prescribed by law (R.	I.G.L. 7-1.2-1501(c&d)) is
1 Camarate 10 No. 506 759	2. Name of Corporation The Dotty LeBeau Group, Ltd				
3. Street Address Principal Business Office 225 Pine Haven Road			Coventry	State R1	^{Zip} 02816
4. Business Phone No. 5. State of Incorporation RI					
6. Brief Description of the Character of Inspection of food preparatio		ode Island	•		. , ,
7. NAMES AND ADDRESSES (President Name	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) TILL IN SPACE Vice President Name	CES BEFORE USING ATT	TACHMENTS
Dorothy J. LeBeau			Ernest LeBeau		
Sireel Address 225 Pine Haven Road			Street Address 225 Pine Haven Road		
City Coventry	State RI	<i>_{Zip}</i> 02816	City Coventry	State RI	^{Zip} 02816
Secretary Name Ernest LeBeau			Treasurer Name Dorothy J. LeBeau		
Street Address 225 Pine Haven Road			Street Address 225 Pine Haven Road		
Coventry	State RI	^{Zip} 02816	City Coventry	State RI	^{Zip} 02816
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA Director Name Dorothy J. LeBeau			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name		
Street Address 225 Pine Have Road			Street Address		
Coventry	State RI	^{Zip} 02816	City	State	Zip
Coventry Director Name	, KI	02810	Director Name	l	
Street Address			Street Address		
City	Siale	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			100	A Common	no par value
This report must be executed o				pration is in the hands of	a receiver or trustee,

FILFL)	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date FEB 2.8 2012	contained herein are true and corrects Signature Contained herein are true and corrects Date Date
By:	DOROTHY JN LEBEAU Print or Type Name DDEST DENT
FOR SECRETARY OF STATE USE ONLY	PRESIDENT Title Form 630 Rev. 08/08